

**Integrated project for the Reproductive and
Sexual Health and Development of
Unmarried Adolescent Girls, Adolescent
Married Girls and their Spouses**

**Protection of married adolescent girls
from the adverse consequences of
early marriage**

Baseline Study Report – 2019

Prepared by Institute of Health Management, Pachod

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Glossary of Abbreviations

| Abbreviation | Full Form |
|--------------|--|
| AN | Antenatal |
| ANC | Antenatal Care |
| ANM | Auxiliary Nurse Midwife |
| ASHA | Accredited Social Health Activist |
| BCC | Behaviour Change Communication |
| CAPI | Computer Assisted Personal Interview |
| CHC | Community Health Center |
| FP | Family Planning |
| Govt | Government |
| Hb | Hemoglobin |
| HIV | Human Immunodeficiency Virus |
| IFA | Iron and Folic Acid tablets |
| IHMP | Institute of Health Management Pachod |
| INC | Intra natal care |
| IUD | Intra Uterine Device |
| MAG | Married Adolescent Girl |
| NN | Neonatal |
| NNC | Neonatal Care |
| PHC | Primary Health Center |
| PN | Postnatal |
| PNC | Postnatal Care |
| RH | Rural Hospital |
| RTI | Reproductive Tract Infection |
| SC | Sub Center |
| SD | Standard Deviation |
| STI | Sexually Transmitted Infection |
| TT | Tetanus Toxoid |
| UPT | Urine Pregnancy Test |
| UTI | Urinary Tract Infection |
| VHND | Village Health Nutrition Day |
| VHSNC | Village Health, Sanitation and Nutrition Committee |

**Integrated project for the Reproductive and
Sexual Health and Development of
Unmarried Adolescent Girls, Adolescent
Married Girls and their Spouses**

**Introduction, Research Objectives, Study Design
and Methodology**

Introduction:

IHMP is implementing an integrated program aimed at **a. empowering unmarried girls, b. making young men gender sensitive and gender equitable, c. addressing the consequences of early conception** with the aim of demonstrating a synergistic and sustainable impact on the reproductive and sexual health of unmarried and married adolescent girls in rural India.

The specific objectives of the intervention for adolescent married girls are;

1. To demonstrate an increase in the proportion of women having 1st child birth after 18 years
2. To increase the proportion of women registering for antenatal care before 12 weeks of pregnancy
3. To increase the proportion of women receiving minimal, standard, antenatal and postnatal care
4. To increase the proportion of married adolescent girls taking treatment for maternal complications
5. To demonstrate a measurable reduction in maternal complications (ante, intra and post natal morbidity) in married adolescent girls.
6. To reduce the proportion of low birth weight babies

Research objective:

To collect baseline information for an intervention for married adolescent girls to be implemented in 53 villages under the jurisdiction of two PHCs, namely Jamkhed and Wadigodri covering 70,000 rural populations in Jalna district. The direct beneficiaries will be the married adolescent girls and their husbands in this population.

The broad objective of the baseline study is to obtain information on the prevalence and predictors of certain parameters. The baseline information will be used for management and evaluation of the intervention.

Specific objectives of baseline study:

- To study the utilization of antenatal care services by married adolescent girls of age ≤ 19 years
- To study the utilization of postnatal care services among married adolescent girls of age ≤ 19 years
- To identify the prevalence of maternal and neonatal morbidity among married adolescent girls of age ≤ 19 years
- To identify factors associated with maternal and neonatal morbidity among married adolescent girls of age ≤ 19 years

- To study the treatment seeking behaviour for maternal and neonatal morbidity among married adolescent girls of age ≤ 19 years
- To identify the prevalence of low birth weight babies
- To identify the prevalence of use of family planning methods among married adolescent girls of age ≤ 19 years

Study Design and Methodology

Study Design:

A quasi-experimental study design has been adopted with pre-post test in both the study and control sites.

This study was conducted in three Primary Health Centre (PHC) areas from Jalna district.

Study site – Villages under Jamkhed PHC and Wadigodri PHC of Ambad block, Jalna district

Control site - Villages under Sukhapuri PHC of Ambad block, Jalna district

Sampling unit: Married adolescent girls of age ≤ 19 years from study and control sites.

Inclusion criteria for study respondents: All the married adolescent girls of age ≤ 19 years that were permanent residents were listed and included in the sampling frame.

Sampling frame – Every village in the study and control sites was mapped, and a complete census was conducted. All the married adolescent girls in each village were listed, and their house location was mapped for future reference. The sampling frame consisted of all adolescent married girls of age ≤ 19 years.

Sample Size:

Primary outcome - Utilization of minimum standard antenatal care (registered within 12 weeks of pregnancy, received five antenatal checkups, 2 Tetanus Toxoid injections, consumed 90 or more Iron folic acid tablets during pregnancy)

To detect a 10% increase in utilization of minimum standard antenatal care services over three years, assuming an alpha of 0.05 and using a two-sided test to achieve 80 percent power, it was determined that a sample size of 160 would be needed at each site. (Fleiss et al, 2003).

The sample size is 160 married adolescent girls of age ≤ 19 years in each primary health care center from study and control sites. To avoid replacement against non-covered individuals and to reduce the non-response error a random sample of 200 married adolescent girls from each PHC area was taken.

Method of data collection - Interview Schedule:

A uniform pre-coded interview schedule was designed for data collection. The interview schedule was designed in Marathi, and pre-tested through 10 interviews in a village not included in the project. Based on the pre-test results, appropriate modifications were made in the interview schedule, which was then used to collect information from married adolescent girls ≤ 19 years.

Interview schedule included questions on socio-demographic profile, exposure to mass media, reproductive history, service utilization for maternal care, maternal morbidity, treatment seeking for maternal morbidity, use of contraceptives, knowledge of maternal and neonatal health, knowledge of reproductive health, domestic violence, utilization of primary level care services and exposure to behaviour change communication (BCC).

Interview schedules was converted into soft form through KoboCollect software and loaded into android based cell phones that were used for data collection.

Data Collection and Processing:

A total of 9 female investigators and three supervisors were recruited based on their previous experience of data collection. Investigators were trained for 3 days at IHMP, Pachod Centre. Investigators were trained in the skills of interviewing, how to conduct oneself in the field and how to fill questionnaires using Computer Assisted Personal Interview (CAPI) tools. Explanation was also given about each question in the tool. The main emphasis of the training was to impart practical skills to each person interviewing and filling the questionnaires using KoboCollect software. This was done with the help of dummy interviews, role plays and interviews in a village not included in the project.

After ensuring that each investigator could conduct interviews and fill the CAPI tool satisfactorily, the actual baseline data collection was initiated on 14th January 2019. Data collection team included 9 investigators, 3 supervisors, and one researcher. A total of 345 respondents from study and 285 respondents from control area were interviewed.

Data quality assurance: During data collection at the village level, supervisors observed at least one interview of each investigator every day. At IHMP, office the filled-in questionnaires was checked by the researcher. Data analysis for data quality assurance was done regularly. Based on the findings of the supervisor, feedback was given to the data collection team regularly to standardize data quality.

Data cleaning and analysis:

Data was downloaded in the form of excel sheets from the server. Data was then transferred to 'STATA' software for cleaning and analysis. Chi-squared tests for discrete variables and t-tests for continuous variables were used to determine statistical significance.

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**Section I: Socio-demographic characteristics
of the respondent**

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This section is comprised of questions about socio-demographic characteristics of the respondent and her husband. It covered their personal and family characteristics: type of family (joint or nuclear), religion, socio-economic, and exposure to mass media.

Characteristics of married adolescent girl:

Personal information on current age, level of education, and type of occupation was obtained. Mean current age of the respondents from study area was 17.62 years and mean current age of the respondents from control area was 17.70 years. (Refer Table 1.1)

In terms of education, in the study area, 4.6 percent were educated up to the fourth standard, 23.2 percent were educated till 5th-7th standard, and 72.2 percent were educated till 8th -12th standard. In the control area, 5.3 percent were educated up to the fourth standard, and 77.2 percent were educated till 8th -12th standard. (Refer Table 1.1)

A slightly higher proportion of respondents from the control area (57.5%) were working on their own farm compared to study area (51.9%). 5.5 percent respondents from study area are labourers as compared to 7.7 percent from control area. (Refer Table 1.1)

39.7 percent of respondents from the study area and 30.9 percent from control area were housewives. A significantly higher proportion of respondents from the control area (69.1%) were engaged in workforce participation as compared to the respondents from study area (60.3%). Almost all respondents were currently married. (Refer Table 1.1)

No significant difference was observed in the distribution of current age, levels of education of the respondents between study and control area.

Table 1.1: Characteristics of married adolescent girls

| Characteristics | Category | Study area (n=345) % | Control area (n=285) % | p value |
|---|--|----------------------------|------------------------------|---------|
| Current age of the respondent – in completed years | <= 14 years | 01.5 | 02.5 | 0.700 |
| | 15 years | 05.8 | 04.6 | |
| | 16 years | 13.3 | 10.2 | |
| | 17 years | 19.4 | 19.6 | |
| | 18 years | 28.4 | 28.4 | |
| | 19 years | 31.6 | 34.7 | |
| | Mean | 17.62 | 17.70 | |
| | SD | 1.28 | 1.30 | |
| Level of education | Up to 4 th standard | 04.6 | 05.3 | 0.216 |
| | 5 th -7 th standard | 23.2 | 19.5 | |
| | 8 th -12 th standard | 72.2 | 77.2 | |

| Characteristics | Category | Study area (n=345) % | Control area (n=285) % | p value |
|------------------------------|----------------------|----------------------------|------------------------------|---------|
| Occupation of the respondent | Farmer | 51.9 | 57.5 | 0.115 |
| | Agricultural laborer | 05.5 | 07.7 | |
| | House wife | 39.7 | 30.9 | |
| | Business | 02.9 | 03.8 | |
| Working outside home | Yes | 60.3 | 69.1 | 0.021 |
| | No | 39.7 | 30.9 | |
| Marital status | Currently married | 99.7 | 100 | |
| | Separated | 00.3 | 00.0 | |

Characteristics of the respondents' husbands:

Table 1.2 indicates that 42.7 percent husbands from study area were less than or equal to 24 years of age whereas 40.3 percent husbands from control were less than or equal to 24 years of age.

When the husband's educational level was assessed, it was observed that about 21.1 percent husbands from control area were educated up to 7th std. as compared to 13.7 percent from study area. A significantly higher proportion of husbands from study area (47.4%) had completed standard 11 or more as compared to control area (39.3%). (Refer Table 1.2)

Table 1.2 indicates that in the study area almost 49.1 percent husbands were working in their owned farm compared to 55.4 percent husbands from control area. 23.6 percent from the study area were working as labourers as compared to 21.8 percent from the control area. (Refer Table 1.2)

Education levels of the husbands from study area are significantly higher than the husbands from control area. No significant difference was observed in the husbands' occupation between study and control area.

Table 1.2: Husbands characteristics

| Characteristics | Category | Study area (n=345) % | Control area (n=285) % | p value |
|---|-------------------------------------|----------------------------|------------------------------|---------|
| | | | | |
| Husbands current age – in completed years | 18-24 years | 42.7 | 40.3 | 0.546 |
| | 25 and above years | 57.3 | 59.6 | |
| | | | | |
| Husbands level of education | Up to 7 th standard | 13.7 | 21.1 | 0.025 |
| | 8-10 th standard | 38.9 | 39.6 | |
| | 11 th and above standard | 47.4 | 39.3 | |
| | | | | |
| Husbands occupation | Farmer | 49.1 | 55.4 | 0.167 |
| | Labourer | 23.6 | 21.8 | |
| | Small business | 14.2 | 14.7 | |
| | Service | 11.4 | 06.3 | |
| | Others – unemployed and student | 01.7 | 01.7 | |
| | | | | |

Household characteristics:

Table 1.3 delineated information on household characteristics. 90 percent married adolescent girls from both the areas were staying in a joint family. Almost 86.7 percent married adolescent girls from study area and around 88.1 percent from control area were living with their mother in law. (Refer Table 1.3)

A high proportion of respondents from the study area (87.6%) as well as control area (88.8%) belonged to Hindu religion, 10.1 percent respondents from study area were Muslim as compared to 3.9 percent from the control area. (Refer Table 1.3)

When asked about the number of rooms in the house, 8.7 percent from study area and 6.7 percent from control area reported to have one room, around 58.3 percent from study area and 60.0 percent from control area reported ≥ 3 rooms. (Refer Table 1.3)

A very high proportion of respondents (95.1% from study area and 91.9% from control area) reported possessing a ration card. (Refer Table 1.3)

A significantly higher proportion of respondents belonged to Muslim religion in the study area as compared to the control area. No significant difference is observed in type of family, number of rooms and possession of a ration card between study and control area.

Table 1.3: Household characteristics

| Characteristics | Category | Study area (n=345) % | Control area (n=285) % | p value |
|----------------------------------|---------------|----------------------------|------------------------------|---------|
| | | | | |
| Family type | Nuclear | 09.9 | 09.1 | 0.755 |
| | Joint | 90.1 | 90.9 | |
| | | | | |
| Living with mothers in law | Yes | 86.7 | 88.1 | 0.598 |
| | | | | |
| Religion | Hindu | 87.6 | 88.8 | 0.000 |
| | Muslim | 10.1 | 03.9 | |
| | Buddha | 02.3 | 06.3 | |
| | Others | 00.0 | 01.0 | |
| | | | | |
| Number of rooms in the household | One | 08.7 | 06.7 | 0.634 |
| | Two | 33.0 | 33.3 | |
| | Three or more | 58.3 | 60.0 | |
| | | | | |
| Possessing a 'Ration Card' | Yes | 95.1 | 91.9 | 0.192 |
| | | | | |
| Color of the 'Ration Card' | White | 00.0 | 00.4 | 0.050 |
| | Saffron | 33.6 | 25.2 | |
| | Yellow | 66.4 | 74.4 | |
| | | | | |

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Section II: Reproductive history

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Age at menarche, age at marriage and age at first conception:

Table 2.1 provides information on age at menarche. The mean age at menarche for study sample was 13.45 years and for control sample was 13.52 years.

The mean age at marriage for study sample was 15.93 years and 15.95 years for control sample. The median age at marriage of study as well as for control sample was 16.0 years. (Refer Table 2.1)

The distribution of married adolescent girls by age at marriage is presented in Table 2.1. About 34.8 percent respondents from study area and 33.9 percent from control area got married before or at 15 years of age. 46.1 percent respondents from study area and 44.3 percent from control area got married between 16 to 17 years. 19.1 percent girls from study area and 21.8 percent from control area got married 18 or above years.

Median age at first conception was 16.53 years for study area and 17.0 years for the control area. A substantially high proportion of respondents from the both areas (77.8% from study area and 74.9% from control area) had their first conception before the age of 17 years. (Refer Table 2.1)

No significant difference in age at menarche, age at marriage and first conception is observed between study and control area samples.

Table 2.1: Age at menarche, age at marriage and age at first conception

| Characteristics | Category | Study area (n=345) % | Control area (n=285) % | p value |
|--|-------------|----------------------------|------------------------------|---------|
| Age at menarche – in completed years | Mean age | 13.45 | 13.52 | |
| | SD | 0.92 | 01.0 | |
| Age at marriage – in completed years | <=13 years | 07.5 | 03.2 | 0.092 |
| | 14-15 years | 27.3 | 30.7 | |
| | 16-17 years | 46.1 | 44.3 | |
| | 18-19 years | 19.1 | 21.8 | |
| | Mean | 15.93 | 15.95 | |
| | SD | 1.57 | 01.48 | |
| | Median | 16.0 | 16.0 | |
| Age at first conception – in completed years | 13-14 years | 15.1 | 09.9 | 0.200 |
| | 15-17 years | 62.7 | 65.0 | |
| | 18-19 years | 22.1 | 25.1 | |
| | Mean | 16.54 | 16.85 | |

| Characteristics | Category | Study area (n=345) % | Control area (n=285) % | p value |
|-----------------|----------|----------------------------|------------------------------|---------|
| | SD | 1.58 | 1.39 | |
| | Median | 16.53 | 17.0 | |
| | n | 271 | 223 | |
| | | | | |

General reproductive health information of the respondents:

This section contains information on total pregnancies, live births, still births and abortions.

Out of 345 married adolescent girls from study area 271 respondents had experienced at least one conception, 74 married adolescent girls had not conceived when the study was conducted. 214 MAGs reported any one outcome of pregnancy.

Out of 285 married adolescent girls from control area, 223 respondents had experienced at least one conception, 62 women had not conceived when the study was conducted. 181 MAGs reported any one outcome of pregnancy.

The distribution of married adolescent girls by the number of pregnancies is presented in the Table 2.2. About 49.6 percent girls from study area and 53.9 percent from control area had conceived once, 24.1 percent from study area and 20.3 percent from control area had become pregnant twice, 5.0 percent from study area and 4.9 percent from control area had three or more pregnancies.

In study area, 27.1 percent of the respondents reported not having a single live birth, 72.9 percent reported at least one live birth, and 20.1 percent reported two or more live births. (Refer Table 2.2)

In control area, 27.8 percent of the respondents reported not having a single live birth, 72.2 percent reported at least one live birth, and 12.1 percent reported two or more live births. (Refer Table 2.2)

From both the areas, very few respondents reported still birth as an outcome of the pregnancy. (Refer Table 2.2)

In the study area, the proportion of respondents reporting one abortion was 13.1 percent; those reporting two abortions were 2.2 percent, while those reporting three or more abortions were 0.7 percent. (Refer Table 2.2)

In the control area, the proportion of respondents reporting one abortion was 13.4 percent; those reporting two abortions were 3.1 percent. (Refer Table 2.2)

Table 2.2: Number of pregnancies, number of live births, number of still births, number of abortions

| Characteristics | Category | Study area (n=345) % | Control area (n=285) % | p value |
|------------------------------|----------|----------------------------|------------------------------|---------|
| | | | | |
| Number of pregnancies | 0 | 21.4 | 21.7 | 0.783 |
| | 1 | 49.6 | 53.9 | |
| | 2 | 24.1 | 20.3 | |
| | 3 | 03.8 | 04.2 | |
| | 4 | 01.2 | 00.7 | |
| | | | | |
| Total number of live births | 0 | 27.1 | 27.8 | 0.064 |
| | 1 | 52.8 | 60.1 | |
| | 2 | 19.7 | 11.2 | |
| | 3 | 00.4 | 00.9 | |
| | n | 269 | 223 | |
| | | | | |
| Total number of still births | 0 | 98.5 | 98.2 | 0.789 |
| | 1 | 01.5 | 01.8 | |
| | n | 269 | 223 | |
| | | | | |
| Total number of abortions | 0 | 84.0 | 83.4 | 0.560 |
| | 1 | 13.1 | 13.4 | |
| | 2 | 02.2 | 03.1 | |
| | 3 | 00.7 | 00.0 | |
| | n | 269 | 223 | |

Interval between marriage and first conception in months:

For study area the average interval between marriage and first conception was 8.10 months with a standard deviation of 8.33, while the median was 5.4 months. In the control area the average interval between marriage and first conception was 8.81 months with a standard deviation of 8.89, while the median was 5.9 months. (Refer Table 2.3)

Three categories were made to determine the variation in the interval between marriage and first conception by area. The first category was less than or equal to 11 months, second was 12 to 23 months while the third was more than 24 months. The results are presented in Table 2.3: Almost 77.5 percent respondents from study area conceived within 11 months after marriage compared to 72.5 percent from control area. (Refer Table 2.3)

Table 2.3: Interval between marriage and first conception

| Characteristics | Category | Study area (n=345) % | Control area (n=285) % | p |
|--|--------------------|----------------------------|------------------------------|-------|
| Interval between marriage and first conception – in months | <= 11 months | 77.5 | 72.5 | 0.406 |
| | 12-23 months | 16.9 | 21.6 | |
| | 24 and more months | 05.5 | 05.9 | |
| | Average | 8.10 | 8.81 | |
| | Median | 05.4 | 05.9 | |
| | n | 271 | 223 | |
| | | | | |

Outcome of pregnancy:

In the study area sample, total 308 pregnancies were reported at the time of survey out of which 251 were live births, 53 abortions and 4 still births. One married adolescent girl reported twins. (Refer Table 2.4)

In the control area sample, total 238 pregnancies were reported at the time of survey out of which 190 were live births, 44 abortions and 4 still births. (Refer Table 2.4)

Table 2.4: Outcome of pregnancy

| Characteristics | Category | Study area | Control area | |
|----------------------|-------------------|------------|--------------|--|
| Outcome of pregnancy | Live births | 251 | 190 | |
| | Still births | 04 | 04 | |
| | Abortions | 53 | 44 | |
| | Total pregnancies | 308 | 238 | |
| | | | | |

Current pregnancy:

In the study area, out of 345 respondents, 24.6 percent married adolescent girls were pregnant at the time of the survey. 43.5 percent of currently pregnant respondents were in the second trimester of pregnancy followed by third trimester (37.6%) and first trimester (18.8%). (Refer Table 2.5)

In control area, out of 285 respondents, 25.6 percent married adolescent girls were pregnant at the time of the survey. 46.6 percent of currently pregnant respondents were in the third trimester of pregnancy, 38.4 percent were in the second trimester and 15.1 percent in the first trimester. (Refer Table 2.5)

1 out of 4 married adolescent girls were currently pregnant at the time of survey.

Table 2.5: Married adolescent girls pregnant at the time of survey

| Characteristics | Category | Study area (n=345) % | Control area (n=285) % | p value |
|-------------------------|------------------------------|----------------------------|------------------------------|---------|
| Currently pregnant MAGs | Yes | 24.6 | 25.6 | 0.778 |
| Month of gestation | First trimester (1-3 month) | 18.8 | 15.1 | 0.515 |
| | Second trimester (4-6 month) | 43.5 | 38.4 | |
| | Third trimester (7-9 month) | 37.6 | 46.6 | |
| | n | 85 | 73 | |

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Section III: Maternal health

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Antenatal care:

This section comprises information regarding antenatal care in the last pregnancy: confirmation of pregnancy, registration for antenatal services, antenatal examinations, Tetanus Toxoid (TT) immunization and consumption of Iron Folic Acid (IFA) tablets, danger signs and treatment seeking behaviours.

Data on maternal and neonatal health were collected from young married adolescent girls having children less or equal to three years of age. In the study area, out of 345 married adolescent girls, 189 had children less or equal to three years of age, whereas in the control area; out of 285 married adolescent girls, 160 women had children less than or equal to three years of age.

Confirmation of pregnancy:

Table 3.1 describes the various methods used by the respondents to confirm their pregnancy: 8.5 percent from study area and 5.6 percent from the control area reported that they had undergone an abdominal examination, 97.9 percent from study area and 96.3 percent from control area reported doing a urine pregnancy test and 2.6 percent from study area and 2.5 percent from the control area reported sonography. (Refer table no. 3.1)

The proportion of respondents who reported that they had gone to a private hospital to confirm the pregnancy was 58.7 percent for the study area and 54.4 percent for the control area. In study area, a higher proportion of mothers (22.7%) reportedly got their UPT done using UPT kit at home as compared to the mothers from control area (10.6%). (Refer table no. 3.1)

The majority of respondents from both the areas reported that they had got their pregnancy confirmed by urine pregnancy testing and they had gone to a private hospital.

Table 3.1: Pregnancy confirmation

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|--|------------------------------|----------------------------|------------------------------|---------|
| What did you do to check whether you were pregnant? (Multiple answer) | Abdominal check-up | 08.5 | 05.6 | |
| | Urine pregnancy test | 97.9 | 96.3 | |
| | Sonography | 02.6 | 02.5 | |
| | None | 00.5 | 01.2 | |
| Where did you get yourself | Village health and nutrition | 01.1 | 02.5 | |

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|---|---------------------------|----------------------|------------------------|---------|
| examined/tested to determine whether you were pregnant? (Specify the service provider.) | day | | | |
| | Govt sub-centre | 01.6 | 05.0 | |
| | Govt PHC | 11.6 | 22.5 | |
| | Govt CHC | 02.1 | 00.6 | |
| | Govt Tq/District Hospital | 01.6 | 03.7 | |
| | Private clinic | 58.7 | 54.4 | |
| | Using UPT kit at home | 22.7 | 10.6 | |
| | Not examined | 00.5 | 00.6 | |
| | | | | |

Registration for antenatal care services:

Table 3.2 summarizes the proportion of respondents registered for antenatal services within 12 weeks and beyond 12 weeks: 88.4 percent of the respondents from study area reported that they had registered for antenatal services within 12 weeks of pregnancy in the last pregnancy; compared to 89.4 percent for the control area. 11.6 percent from study area reported that they had registered after three months in the last pregnancy; this compared to 10.6 percent from the control area. (Refer Table 3.2).

Among those who got themselves registered for antenatal care, 67.7 percent from the study area and 65.0 percent from the control area reported the village health and nutrition days as the place of registration. Almost all of them reported that they received maternal and child health card at the time of registration. (Refer Table 3.2)

Almost all the pregnant mothers registered for antenatal care services. Majority of the mothers registered within 12 weeks of pregnancy for antenatal care services. No significant difference is observed in registration for antenatal care services within 12 of pregnancy between study and control area. Majority of the respondents got registered for antenatal care services at government facilities.

Table 3.2: Registration for antenatal care services

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|--|----------------------------------|----------------------|------------------------|---------|
| | | | | |
| When did you get your antenatal registration done? | <=12 weeks | 88.4 | 89.4 | 0.764 |
| | After 12 weeks | 11.6 | 10.6 | |
| | | | | |
| Place of antenatal registration | Village health and nutrition day | 67.7 | 65.0 | 0.181 |
| | Govt sub-centre | 16.4 | 11.3 | |

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|---|---------------------------|----------------------------|------------------------------|---------|
| | Govt PHC | 13.2 | 21.9 | |
| | Govt CHC | 00.0 | 00.6 | |
| | Govt block level hospital | 01.6 | 00.6 | |
| | Private clinic | 01.1 | 00.6 | |
| | | | | |
| Received MCP card at the time of registration | Yes | 99.5 | 100 | na |
| | No | 00.5 | 00.0 | |
| | | | | |

Utilization of antenatal care services:

Antenatal examinations:

13.8 percent married adolescent girls from study area received fewer than 4 antenatal examinations and 22.5 percent received fewer than 4 antenatal checkups from control area. 86.2 percent girls from study area and 77.5 percent from control area reportedly examined ≥ 5 times during antenatal period. (Refer Table 3.3)

Utilization of at least 5 antenatal check-ups by the pregnant mothers is significantly high in study area as compared to the control area. (p= 0.033)

Table 3.3: Number of antenatal check-ups received during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|---|---------------------------------|----------------------------|------------------------------|---------|
| | | | | |
| Number of antenatal check-ups received by the pregnant mother during last pregnancy | Less or equal to four check-ups | 13.8 | 22.5 | 0.033 |
| | Five and more check-ups | 86.2 | 77.5 | |
| | | | | |

Number of times weighed during pregnancy:

About 56.5 percent married adolescent girls from study area and 37.5 percent from control area were weighed more than five times during the antenatal period. A little more than seventy percent mothers reported that their height was measured at antenatal checkups. (Refer Table 3.4)

A significantly higher proportion of married adolescent girls from the study area were weighed during their last pregnancy as compared to girls from control area. (p=0.000).

Table 3.4: Number of times weighed during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|--|-----------------------|----------------------------|------------------------------|---------|
| | | | | |
| Number of times weighed during last pregnancy | Less or equal to four | 43.4 | 62.5 | 0.000 |
| | Five and more | 56.5 | 37.5 | |
| | | | | |
| Height taken during antenatal examinations in last pregnancy | Yes | 76.7 | 71.3 | 0.244 |
| | | | | |

Abdominal check up:

Abdominal examination was done at least one to four times during antenatal check-ups for 60.3 percent married adolescent girls from study area and 68.1 percent from control area. A lower proportion of married adolescent girls from the study area (39.7%) as well as from the control area (31.9%) had ≥ 5 abdominal examinations during pregnancy. About 56.0 percent married adolescent girls from the study area and 66.3 percent from the control area reported that their breasts were examined during their last pregnancy. (Refer Table 3.5)

Table 3.5: Number of times abdominal/breast check-ups done during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|--|-----------------------|----------------------------|------------------------------|---------|
| | | | | |
| Number of times abdominal check-ups done during last pregnancy | Less or equal to four | 60.3 | 68.1 | 0.130 |
| | Five and more | 39.7 | 31.9 | |
| | | | | |
| Number of times breast examined during last pregnancy | Nil | 56.0 | 66.3 | 0.010 |
| | 1-4 times | 33.8 | 31.2 | |
| | 5 and more times | 10.1 | 02.5 | |
| | | | | |

Checking for signs of anemia and swelling over feet:

A substantially lower proportion of respondents from both the areas (28.6% from study area and 19.4% from control area) had 5 and more examinations for signs of anemia. (Refer Table 3.6)

Only 20.1 percent of the respondents from study area and 32.1 percent from control area had 5 and more examinations for swelling over feet during the last pregnancy. (Refer Table 3.6)

20.1 percent respondents from the study area and 15.0 percent from the control area had two and more urine examinations, whereas 41.3 percent from the study area and 48.1 percent from control area reported that their urine was not examined even once. (Refer Table 3.6)

No significant difference is observed in examining signs and symptoms of anemia during antenatal care between study and control area.

Table 3.6: Number of times checked for signs of anemia, swelling over feet and urine test during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|--|-----------------------|----------------------|------------------------|---------|
| Number of times examined for signs of anemia (Pallor of conjunctive, nails and tongue) during last pregnancy | Less or equal to four | 71.4 | 80.6 | 0.046 |
| | Five and more | 28.6 | 19.4 | |
| Number of times examined for swelling over feet during last pregnancy | Less or equal to four | 79.9 | 76.9 | 0.494 |
| | Five and more | 20.1 | 32.1 | |
| Number of times urine test done during pregnancy | None | 41.3 | 48.1 | 0.323 |
| | Once | 38.6 | 36.9 | |
| | Two and more times | 20.1 | 15.0 | |

Number of times BP was taken:

34.9% married adolescent girls from the study area and 21.9% from control area had their blood pressure checked ≥ 5 times during the antenatal period. (Refer Table 3.7)

Table 3.7: Number of times BP measured during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|-----------------------|-----------------------|----------------------|------------------------|---------|
| Number of times blood | Less or equal to four | 65.1 | 78.1 | 0.007 |

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|--|---------------|----------------------------|------------------------------|---------|
| pressure checked during last pregnancy | Five and more | 34.9 | 21.9 | |

Number of times ultra sonograms done:

The proportion of respondents from the study area who reported having had a sonography done at least three times in the last pregnancy was 52.9 percent, as compared to 39.4 percent from the control area. (Refer Table 3.8)

No significant difference is observed in number of times ultrasound test done during pregnancy by the pregnant mother between study and control area.

Table 3.8: Number of times ultra sonograms performed during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|---|----------------------|----------------------------|------------------------------|---------|
| Number of times ultrasound test done during pregnancy | None | 00.0 | 00.6 | 0.061 |
| | Once | 11.1 | 13.1 | |
| | Twice | 35.9 | 46.9 | |
| | Three times and more | 52.9 | 39.4 | |

Hemoglobin and HIV testing during pregnancy:

22.7% respondents from study area and 8.7% from control area had a blood test to check level of hemoglobin three or more times during the last pregnancy. 71.9 percent respondents from study area and 69.4 percent of the respondents from control area had an HIV test done during the last pregnancy. (Refer Table 3.9)

A significantly higher proportion of respondents from study area reportedly had hemoglobin test at least three times as compared to control area. No significant difference was observed in utilization HIV test between study and control.

Table 3.9: Hemoglobin and HIV testing during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|-------------------------------------|----------------------|----------------------------|------------------------------|---------|
| Number of times Hb tested | None | 02.1 | 03.1 | 0.000 |
| | Once | 42.3 | 64.4 | |
| | Twice | 32.8 | 23.7 | |
| | Three times and more | 22.7 | 08.7 | |
| HIV test done during last pregnancy | Yes | 71.9 | 69.4 | 0.597 |
| | | | | |

Number of tetanus toxoid injections received during pregnancy:

Table 3.10 indicates that among married adolescent girls 98.4 percent from the study area and 98.7 percent from control area received two TT injections.

Table 3.10: Number of tetanus toxoid injections taken during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|---|----------|----------------------------|------------------------------|---------|
| Number of TT injections taken during last pregnancy | None | 00.0 | 00.0 | 0.792 |
| | One | 01.6 | 01.2 | |
| | Two | 98.4 | 98.7 | |
| | | | | |

Number of IFA tablets received and consumed during pregnancy:

A higher proportion of married adolescent girls (83.1%) from study area had received the at least 90 IFA tablets during their last pregnancy compared to 79.4 percent from the control area. (Refer Table 3.11)

64.5 percent married adolescent girls from the study area had more than 90 IFA tablets in their last pregnancy as compared to 57.5 percent girls from control area.

No significant difference was observed in receipt and consumption of IFA tablets during pregnancy between study and control area ($p=0.178$). (Refer Table 3.11)

Table 3.11: Number of IFA tablets received and consumed during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|--|--------------------------|----------------------------|------------------------------|---------|
| Number of IFA tablets received during last pregnancy | Less than 90 IFA tablets | 16.9 | 20.6 | 0.377 |
| | 90 or more IFA tablets | 83.1 | 79.4 | |
| Number of IFA tablets consumed during last pregnancy | Less than 90 IFA tablets | 35.4 | 42.5 | 0.178 |
| | 90 or more IFA tablets | 64.5 | 57.5 | |

Utilization of minimum standard antenatal care during pregnancy:

Minimum standard antenatal care includes: registration for antenatal care services within 12 weeks/3 months of pregnancy, 5 antenatal examinations, 2 TT injections, and consumption of at least 90 IFA tablets.

The proportion of respondents from the study area who reported that they had received ‘minimum standard antenatal care’ in the last pregnancy was 53.9 percent, compared to 43.1 percent from control area. (Refer Table 3.12)

Utilization of minimum standard antenatal care is found to be significantly higher in the study area as compared to control area. (p=0.043). (Refer Table 3.12)

Place of antenatal care: In the study area, the majority of the respondents (52.4%) received antenatal care services from private hospitals, 25.9 percent from VHND, and 12.2 percent from government sub-centers.

In the control area, the majority of the respondents (58.7%) received antenatal care services from private hospitals, 20.0 percent from VHND, and 13.7 percent from government primary health centers.

The majority of the respondents from both the areas utilized antenatal care services from private hospitals

Table 3.12: Utilization of minimum standard antenatal care during pregnancy

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|--|----------|----------------------------|------------------------------|---------|
| Utilization of minimum standard antenatal care during last pregnancy | Yes | 53.9 | 43.1 | 0.043 |
| | | | | |

| Indicator | Category | Study area (n=189) % | Control area (n=160) % | p value |
|------------------------------|----------------------------------|----------------------------|------------------------------|---------|
| Place of antenatal check ups | Village health and nutrition day | 25.9 | 20.0 | 0.027 |
| | Govt. sub-centre | 12.2 | 05.0 | |
| | Govt. PHC | 06.4 | 13.7 | |
| | Govt. CHC | 00.5 | 00.0 | |
| | Govt. Block level hospital | 02.6 | 02.5 | |
| | Private hospital | 52.4 | 58.7 | |
| | n | 189 | 160 | |
| | | | | |

Self reported symptoms of antenatal complication:

Table 3.13 provides information about the prevalence of symptoms indicative of an antenatal complication: In the study area, reported prevalence of difficulty in breathing/weakness was 35.9 percent, excessive vomiting 32.3 percent, swelling of face or feet 12.2 percent, high BP 2.6 percent, severe headache 4.3 percent, pain while passing urine 5.8 percent, bleeding 3.7 percent, severe pain in lower abdomen 7.4 percent, watery discharge before onset of labor 2.1 percent, reduced fetal movement 4.2 percent and convulsions 00.5 percent. (Refer Table 3.13)

In the control area, reported prevalence of difficulty in breathing/weakness was 32.5 percent, excessive vomiting 15.6 percent, swelling of face or feet 15.0 percent, high BP 4.4 percent, severe headache 3.1 percent, pain while passing urine 6.9 percent, bleeding 3.7 percent, sever pain in lower abdomen 9.4 percent, watery discharge before onset of labor 5.0 percent, reduced fetal movement 0.6 percent. (Refer Table 3.13)

The prevalence of those who reporting at least one symptom indicative of an antenatal complication was 62.4 percent in the study area, and whereas in control area it was 52.5 percent. (Refer Table 3.13)

The vast majority of respondents from both the areas experienced at least one antenatal complication. No significant difference was observed in the reported prevalence of any one complication during pregnancy between study and control samples.

Table 3.13: Self reported symptoms of antenatal complication

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|---|----------|-----------------------|-------------------------|---------|
| | | % | % | |
| Symptom of anemia - difficulty in breathing, weakness | Yes | 35.9 | 32.5 | 0.495 |

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|--|----------|-----------------------|-------------------------|---------|
| | | % | % | |
| Excessive omitting | Yes | 32.3 | 15.6 | 0.000 |
| Swelling on feet or face | Yes | 12.2 | 15.0 | 0.440 |
| High blood pressure | Yes | 02.6 | 04.4 | 0.377 |
| Severe headache | Yes | 04.3 | 03.1 | 0.586 |
| Pain while passing urine | Yes | 05.8 | 06.9 | 0.686 |
| Bleeding | Yes | 03.7 | 03.7 | 0.982 |
| Severe pain in lower abdomen | Yes | 07.4 | 09.4 | 0.507 |
| Watery discharge before onset of labor | Yes | 02.1 | 05.0 | 0.141 |
| Reduced fetal movement | Yes | 04.2 | 00.6 | 0.034 |
| Convulsions | Yes | 00.5 | 00.0 | na |
| Any one symptom of antenatal complications | Yes | 62.4 | 52.5 | 0.061 |

Referral for treatment of antenatal complications:

Majority of the respondents from both the areas reported that the complications were identified by the respondents themselves (96.6% from study area and 95.2% from control area). Eighty percent respondents from both the areas reported that the referral for treatment of antenatal complication was provided mostly by their family members. A substantially low proportion of the respondents reported that the referrals were made by ANM or ASHA. (Refer Table 3.14)

A vast majority of the respondents from study as well as control area said that they themselves identified the complications that occurred during pregnancy. A vast majority said that they have not received any referral for the treatment of antenatal complications from any health provider. (Refer Table 3.14)

Table 3.14: Referral for treatment of antenatal complications

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|--|----------------------------|-----------------------|-------------------------|---------|
| | | % | % | |
| Person who identified the complications (Multiple answer) | Self | 96.6 | 95.2 | |
| | ASHA | 00.8 | 00.0 | |
| | ANM | 00.8 | 00.0 | |
| | Family members / relatives | 55.1 | 55.9 | |
| | n | 118 | 84 | |
| Person who provide referral for treatment of AN complications to the mother (Multiple answer) | Self | 44.1 | 48.8 | |
| | ASHA | 01.7 | 00.0 | |
| | ANM | 01.7 | 01.2 | |
| | Family members | 80.5 | 80.9 | |
| | Not received any referral | 05.9 | 07.1 | |
| | n | 118 | 84 | |

Treatment for complications during pregnancy:

During the survey married adolescent girls who reported any one complication during pregnancy were asked if they had taken any treatment for the same.

Those who reported any one complication during pregnancy, 91.5 percent girls from study area had taken treatment for the ante-natal complication while 88.1 percent girls from the control area had taken treatment for antenatal complication. (Refer Table 3.15)

Table 3.15 describes the place where the respondents were treated for symptoms of antenatal complications: in the study area, 17.6 percent reported going to the government facility, 82.4 percent reported seeking treatment at a private hospital. In the control area, 77.0 percent reported seeking treatment at private hospitals/clinics.

The respondents were asked about how long (in days) their treatment had lasted. The average duration reported by the respondents from study area was 36.4 days as compared to 27.9 days for control area. Of those who seek treatment, 13.9 percent respondents from study area and 16.2 percent from control the areas were reportedly admitted in a hospital for the treatment of antenatal complications. Majority of respondents from both the areas (71.3 % from study and 62.2% from control area) mentioned that their husband was present during treatment for antenatal care. (Refer Table 3.15)

The vast majority of those who experienced at least one antenatal complication from both the areas sought treatment for it.

Table 3.15: Treatment for antenatal complication

| Indicator | Category | Study area (n=118) | Control area (n=84) | p value |
|--|----------------------------|-----------------------|------------------------|---------|
| | | % | % | |
| | | | | |
| Taken treatment for symptoms of antenatal complications | Yes | 91.5 | 88.1 | 0.421 |
| | n | 118 | 84 | |
| | | | | |
| Place of treatment for antenatal complications | Govt. sub-centre | 04.6 | 00.0 | |
| | Govt. PHC | 03.7 | 06.7 | |
| | Govt. block level hospital | 03.7 | 08.1 | |
| | District hospital | 03.7 | 08.1 | |
| | Private hospital | 82.4 | 77.0 | |
| | n | 108 | 74 | |
| | | | | |
| How long did the treatment last (in days)? | Mean | 36.4 | 27.95 | |
| | n | 108 | 74 | |
| | | | | |
| Were you admitted to a hospital for treatment? | Yes | 13.9 | 16.2 | |
| | n | 108 | 74 | |
| | | | | |
| Husband present during treatment for AN complication at the hospital | Yes | 71.3 | 62.2 | 0.196 |
| | n | 108 | 74 | |

Diet during pregnancy:

Majority of respondents from both the areas (88.4 % from study area and 82.5% from control) reported that they consumed 3 meals daily during pregnancy. (Refer Table 3.16)

No significantly difference is observed in the dietary behavior of the pregnant mothers between study and control samples.

Table 3.16: Diet in pregnancy

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|---|-----------|-----------------------|-------------------------|---------|
| | | % | % | |
| | | | | |
| Frequency of daily meals in 7 to 9 th month of pregnancy | 1-2 meals | 11.6 | 17.5 | |
| | 3 meals | 88.4 | 82.5 | |
| | | | | |

Intra-natal care:

This section had questions related to intra natal care. Information was collected on place of delivery, care during delivery, complications and danger signs during delivery.

Around 5.8 percent of the respondents from study area and 10.0 percent from control area reported that they had preterm deliveries in their last pregnancy. A vast majority of the respondents from both the area (98.4% from study area and 96.3% from control area) reported that they had delivered in a hospital for the last pregnancy. (Refer Table 3.17)

In the study area, about 6.4 percent of the respondents reported that they had delivered at the CHC in the last pregnancy, 2.7 percent reported that they had delivered at the government PHC, 27.1 percent had delivered at government block level hospitals, 26.1 had delivered in government tertiary care hospitals, and a majority i.e. 36.2 percent had delivered in a private hospital in the last pregnancy. (Refer Table 3.17)

In the control area, 34.4 percent of the respondents reported that they had delivered at the government block level hospital; only 6.3 percent reported that they had delivered at the government PHC, 22.5 had delivered in government tertiary care hospitals, and a majority i.e. 30.0 percent had delivered in a private hospital for the last pregnancy. (Refer Table 3.17)

Out of the total deliveries conducted at home not a single delivery was conducted under the supervision of a doctor or Govt. ANM. Home deliveries were conducted either by Dais or relatives. (Refer Table 3.17)

Respondents were asked about the duration of their stay in hospital. 26.6 percent respondents from the study area and 20.3percent from the control area reported a stay of more than four or more days. (Refer Table 3.17)

Respondents were asked about the person who assisted them during their delivery at hospital. A doctor reportedly assisted 41.4 percent of the respondents from the study area and 46.1 percent respondents from control area in the last pregnancy. (Refer Table 3.17)

79.0 percent of the respondents from the study area and 84.4 percent from control area reported that they had a normal delivery in the last pregnancy. 13.4 percent from study area and 12.3 percent from control area reported having delivered by Caesarean section for the previous pregnancy. (Refer Table 3.17)

Table 3.17: Intra-natal care

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|-------------------------------|---|-----------------------|-------------------------|---------|
| | | % | % | |
| Type of delivery – Pre / Full | Pre term – delivered in 7 th | 05.8 | 10.0 | 0.145 |

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|--|--|-----------------------|-------------------------|---------|
| | | % | % | |
| term | or 8 th the month | | | |
| | Full term – completed 9 th months | 94.2 | 90.0 | |
| Place of delivery | Home | 01.6 | 03.7 | 0.111 |
| | Govt. PHC | 02.7 | 06.3 | |
| | Govt. CHC | 06.4 | 03.1 | |
| | Govt. Block level hospital | 27.1 | 34.4 | |
| | Govt. tertiary facility | 26.1 | 22.5 | |
| | Private clinics | 36.2 | 30.0 | |
| Person conducted delivery at home | Nurse/Doctor | 00.0 | 00.0 | na |
| | Dai | 33.3 | 16.7 | |
| | Other person | 66.7 | 83.3 | |
| | n | 03 | 06 | |
| Person conducted delivery at hospital | Nurse | 58.6 | 53.9 | 0.384 |
| | Doctor | 41.4 | 46.1 | |
| | n | 186 | 154 | |
| Number of days admitted in the hospital for delivery | Less than 24 hours | 02.7 | 00.6 | 0.210 |
| | One day | 12.9 | 12.3 | |
| | Two days | 20.0 | 13.6 | |
| | Three days | 37.8 | 53.2 | |
| | Four and more days | 26.6 | 20.3 | |
| | n | 185 | 154 | |
| Type of delivery | Normal | 79.0 | 84.4 | 0.288 |
| | Caesarean | 13.4 | 12.3 | |
| | Forceps | 01.1 | 00.0 | |
| | Use of injections | 06.4 | 03.2 | |

Self reported complications during delivery:

Out of all married adolescent girls who reported a live birth as the pregnancy outcome, 39.7 percent of the respondents from both the areas reported at least one intra natal complication. No significant difference is observed in self reported prevalence of intra natal complications between study and control samples. (p=0.953). The complications reported were: large perineal tear, obstructed/prolonged labor, excessive bleeding, poor contractions, contractions stopped prematurely. (Refer Table 3.18)

Of those who had at least one intra natal complication, almost all took treatment. A majority of them were treated at the same hospital. (Refer Table 3.18)

Table 3.18: Self reported complications during delivery

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|--|------------------------|-----------------------|-------------------------|---------|
| | | % | % | |
| Contractions stopped prematurely | Yes | 07.9 | 11.9 | 0.216 |
| Did not get good contractions | Yes | 03.2 | 06.3 | 0.171 |
| Obstructed/prolonged labour | Yes | 06.9 | 08.1 | 0.659 |
| Hand/cord prolapsed | Yes | 01.6 | 01.9 | 0.837 |
| Meconium discharge | Yes | 02.1 | 01.9 | 0.873 |
| Decreased foetal movements | Yes | 02.1 | 01.3 | 0.535 |
| Severe headache | Yes | 06.3 | 02.5 | 0.087 |
| Excessive bleeding | Yes | 03.2 | 01.9 | 0.445 |
| Large perineal tear | Yes | 23.8 | 23.8 | 0.990 |
| Premature rupture of membrane | Yes | 00.0 | 00.0 | na |
| Any one symptom of intra-natal complication | Yes | 39.7 | 39.4 | 0.953 |
| Place of treatment for intra-natal complications | Same hospital | 93.3 | 100 | 0.113 |
| | Other hospital | 04.0 | 00.0 | |
| | Did not take treatment | 02.7 | 00.0 | |
| | n | 75 | 63 | |

Postnatal care:

Post-natal services are essential for the mother and new born as most maternal and neonatal mortality and morbidity takes place during this period.

Postnatal services received by the mother at home within 42 days after delivery:

During the survey married adolescent girls were asked if they received post natal services from the government ANM in their village. Only 6.3 percent married adolescent girls from study area and 5.0 percent from control area reported that they received services by the govt. ANM within 42 days after delivery. No significant difference is observed in post natal care services provided by ANMs to the delivered mothers between study and control area (p=0.589) (Refer Table 3.19)

19.5 percent married adolescent girls from study area and 10.6 percent from control area reported that they received postnatal visits by the ASHA within 42 days after delivery. (Refer Table 3.19)

33.3 percent delivered mothers from the study area and 39.4 percent from control area had visited hospital for post-natal care after delivery within 42 days. (Refer Table 3.19)

Utilization of post-natal care by the women who had delivered was found to be low in both the areas.

Table 3.19: Postnatal services received by the mother at home within 42 days after delivery

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|--|------------------------------|-----------------------|-------------------------|---------|
| | | % | % | |
| Received home based post-natal care from Govt. ANM within 42 days after delivery | Yes | 06.3 | 05.0 | 0.589 |
| Number of post-natal visits received from Govt. ANM at home | One | 83.3 | 50.0 | 0.140 |
| | Two | 16.7 | 50.0 | |
| | n | 12 | 08 | |
| How many days after delivery did the ANM make her first visit? | Within 7 days after delivery | 16.7 | 25.0 | |
| | 7 days after delivery | 83.3 | 75.0 | |
| | n | 12 | 08 | |
| Received home based post-natal care from the ASHA within 42 days after delivery | Yes | 19.5 | 10.6 | 0.021 |
| Visited hospital for post-natal check up after delivery within 42 days | Yes | 33.3 | 39.4 | |

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|-----------|----------|-----------------------|-------------------------|---------|
| | | % | % | |
| | | | | |

Prevalence of self reported symptoms of postnatal complications:

Table 3.20 provides information about the prevalence of symptoms indicative of a postnatal complication: In the study area, reported prevalence of symptoms of anemia was 23.3 percent, severe bleeding 3.2 percent, swelling of face 5.3 percent, breast engorgement 10.1 percent, fever 23.3 percent, pain in lower abdomen 8.9 percent, cracked nipples 2.6 percent, severe pain in legs 2.1 percent, and painful urination 4.8 percent.

In the control area, reported prevalence of symptoms of anemia was 21.9 percent, severe bleeding 3.7 percent, swelling of face 0.6 percent, breast engorgement 9.4 percent, fever 20.0 percent, foul smelling discharge 2.5 percent, pain in lower abdomen 6.3 percent, severe pain in legs 6.8 percent, and painful urination 6.3 percent. (Refer Table 3.20)

Reported prevalence of any at least postnatal complication was 44.9 percent for the study area, whereas it was 40.6 percent for the control area. (Refer Table 3.20)

No significant difference is observed in self reported prevalence of postnatal complications between study and control sample.

Table 3.20: Self reported symptoms of postnatal complications

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|-------------------------|----------|-----------------------|-------------------------|---------|
| | | % | % | |
| | | | | |
| Severe bleeding | Yes | 03.2 | 03.7 | 0.769 |
| | | | | |
| Symptoms of anemia | Yes | 23.3 | 21.9 | 0.755 |
| | | | | |
| Swelling on face | Yes | 05.3 | 00.6 | 0.013 |
| | | | | |
| Swelling on legs | Yes | 04.2 | 00.6 | 0.034 |
| | | | | |
| Breast engorgement | Yes | 10.1 | 09.4 | 0.831 |
| | | | | |
| Fever | Yes | 23.3 | 20.0 | 0.459 |
| | | | | |
| Foul smelling discharge | Yes | 00.5 | 02.5 | 0.123 |
| | | | | |

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|--|----------|-----------------------|-------------------------|---------|
| | | % | % | |
| Pain in abdomen | Yes | 08.9 | 06.3 | 0.339 |
| Cracked nipples | Yes | 02.6 | 02.5 | 0.932 |
| Pain during urination | Yes | 04.8 | 06.3 | 0.542 |
| Severe pain in legs | Yes | 02.1 | 06.8 | 0.029 |
| Doesn't talk to anybody/sits alone | Yes | 00.0 | 00.0 | na |
| Any one symptom of postnatal complications | Yes | 44.9 | 40.6 | 0.414 |

Referral for treatment of postnatal complications:

A majority of respondents from study as well as control area said that they themselves identified the complications that occurred within 42 days after delivery. A majority said that they have not received any referral for the treatment of postnatal complications from any health provider. (Refer Table 3.21)

Table 3.21: Referral for treatment of postnatal complications

| Indicator | Category | Study area (n=85) | Control area (n=65) | p value |
|--|----------------------------|----------------------|------------------------|---------|
| | | % | % | |
| Person who identified the complications (Multiple answer) | Self | 88.2 | 76.9 | |
| | ASHA | 01.2 | 00.0 | |
| | ANM | 00.0 | 01.4 | |
| | Family members / relatives | 47.1 | 30.8 | |
| | n | 85 | 65 | |
| Person who provided referral for treatment of postnatal complications to the mother (Multiple answer) | Self | 32.9 | 27.7 | |
| | ASHA | 02.3 | 00.0 | |
| | ANM | 02.3 | 01.4 | |
| | Family members | 52.9 | 46.1 | |
| | Not received any referral | 15.3 | 20.0 | |
| | n | 85 | 65 | |

Treatment for postnatal complications:

Out of the married adolescent girls who reported post natal complications, 32.9 percent from study area and 27.7 percent from control area did not go for any treatment. (Refer Table 3.22)

Table 3.22 describes the place where the respondents were treated for symptoms of postnatal complications: in the study area, 17.5 percent reported going to the government facility, 82.5 percent reported seeking treatment at a private hospital. In the control area, 82.9 percent reported seeking treatment at private hospitals/clinics.

The respondents were asked about how long (in days) their treatment had lasted. 43.9 percent from the study area took the treatment at home for 7 or more days whereas 40.4 percent from the control area took the treatment for 7 or more days for postnatal complications. Merely 19.3 percent of the respondents from study area and 23.4 percent from the control area said that their husband was present during treatment for postnatal complications. (Refer Table 3.22)

Table 3.22: Treatment for postnatal complications

| Indicator | Category | Study area (n=85) | Control area (n=65) | p value |
|---|-------------------------|----------------------|------------------------|---------|
| | | % | % | |
| Did you take treatment for postnatal complications | Yes | 67.1 | 72.3 | 0.490 |
| | No | 32.9 | 27.7 | |
| | n | 85 | 65 | |
| Place of treatment for postnatal complications | Govt SC | 07.0 | 00.0 | 0.355 |
| | Govt. PHC | 01.7 | 04.3 | |
| | Govt. CHC | 00.0 | 00.0 | |
| | Govt. taluka hospital | 03.5 | 06.4 | |
| | Govt. tertiary facility | 05.3 | 06.4 | |
| | Private clinics | 82.5 | 82.9 | |
| | n | 57 | 47 | |
| Number of days taken treatment at home | <= 6 days | 56.1 | 59.6 | |
| | 7 and more days | 43.9 | 40.4 | |
| | n | 57 | 47 | |
| Number of days admitted in the hospital for treatment | No | 89.5 | 91.5 | |
| | 1-6 days | 10.5 | 06.4 | |
| | 7 and more days | 00.0 | 02.1 | |
| | n | 57 | 47 | |

| Indicator | Category | Study area (n=85) | Control area (n=65) | p value |
|---|----------|----------------------|------------------------|---------|
| | | % | % | |
| Husband present during treatment for postnatal complication at the hospital | Yes | 19.3 | 23.4 | 0.610 |
| | n | 57 | 47 | |
| | | | | |

Neo-natal care:

This section includes initiation of breast feeding, birth weight, thermal care, neonatal complications and treatment seeking behaviour.

Breastfeeding and thermal care:

Table 3.23 indicates the proportion of respondents who fed their newborns colostrum: 79.4% from study area and 80.0% from control area said that they gave their newborns colostrum as the first feed after birth.

Table 3.23 describes how soon after birth the respondent breastfed their newborns: 67.2 percent from the study area and 75.6 percent from the control area reported that they initiated breastfeeding within one hour after birth, 8.9 percent from the study area and 6.3 percent from the control area said after twenty four hours after birth.

Two out of three of the respondents from both the areas began to breastfeed their newborns within one hour of birth of the baby.

Table 3.23 shows the various methods employed by the respondents to keep their newborns warm: in the study area, 95.2 percent reported that they swaddled their babies in cotton cloth, while 33.9 percent kept the baby in skin contact with the mother. (Refer Table 3.23)

In the control area, 93.7 percent reported that they swaddled their babies in cotton cloth, and 8.4 percent swaddled the baby in a woollen cloth, while 51.9 percent kept the baby in skin contact with the mother. (Refer Table 3.23)

Most of the respondents from both the areas reported that they swaddled their babies in a cotton cloth to keep them warm.

Table 3.23: Breastfeeding and thermal care

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|-----------|----------|-----------------------|-------------------------|---------|
| | | % | % | |
| | | | | |

| | | | | |
|---|--|------|------|-------|
| What did you give your baby as the first feed after birth? | Colostrum | 79.4 | 80.0 | 0.883 |
| How soon after birth did you begin to breastfeed your newborn? | Within 1 hour after birth | 67.2 | 75.6 | 0.004 |
| | 1 to 24 hours after birth | 23.3 | 13.1 | |
| | After 24 hours | 08.9 | 06.3 | |
| | No breast feed given | 00.5 | 05.0 | |
| What did you do to keep your baby warm within the first 7 day of birth? (Multiple answers) | Swaddled in cotton cloth | 95.2 | 93.7 | |
| | Keeping the baby in skin contact with the mother | 33.9 | 51.9 | |
| | Placed baby in a thermal bag | 00.5 | 00.6 | |
| | Baby was dressed in a loose vest | 09.0 | 08.4 | |

Birth weight of children born to married adolescent girls:

Weight of the baby is to be taken soon after birth or within 24 hours after birth. It helps to know whether the baby is low birth weight or not. If the baby's weight is below 2.5 kg, it requires special care.

Information was sought on the proportion of respondents whose babies were weighed within 24 hours and those whose babies were weighed after 24 hours of birth. A vast majority 98.4 percent of the newborns from study and 96.9 percent from the control area were weighed on the day of delivery. (Refer Table 3.24)

Since most of the respondents had delivered in a hospital, a majority (above 80 percent) of the respondents reported that either a nurse or a doctor took the birth weight. (Refer Table 3.24)

19.3 percent of the respondents from study area and 21.9 percent from the control area reported that their babies had low birth weight, (i.e., less than 2500 gms), whereas 80.7 percent from study area and 78.1 percent from control area reported birth weight of more than or equal to 2500 gms, i.e., indicating a normal birth weight. (Refer Table 3.24)

The majority of the respondents got their baby weighed within 24 hours of birth. One out of five new born babies was reportedly low birth weight.

Table 3.24: Birth weight

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|------------------------------|-----------------------------|-----------------------|-------------------------|---------|
| | | % | % | |
| How soon after birth was the | Within 24 hours after birth | 98.4 | 96.9 | 0.339 |

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|---|---------------------------------|-----------------------|-------------------------|---------|
| | | % | % | |
| baby weighed? (In hours) | After 24 hours | 01.6 | 03.1 | |
| | Not weighed | 00.0 | 00.0 | |
| | | | | |
| Who weighed the baby? | Govt. ANM | 60.2 | 65.2 | 0.272 |
| | Private ANM | 23.7 | 15.5 | |
| | Govt Doctor | 03.8 | 03.2 | |
| | Private Doctor | 11.3 | 16.1 | |
| | Others | 00.5 | 00.0 | |
| | Don't remember / Can't say | 00.5 | 00.0 | |
| | n | 186 | 155 | |
| Weight of the baby at the time of birth | Low birth weight - <2.5 kg | 19.3 | 21.9 | 0.557 |
| | Normal birth weight - >= 2.5 kg | 80.7 | 78.1 | |
| | n | 186 | 155 | |
| | | | | |

Neonatal complications (complications within the first 28 days of life):

Table 3.25 sets out the various complications that the respondents' newborns experienced: In the study area, 54.5 percent of newborns reportedly did not experience any complications. 3.2 percent reported limp/blue/pale at the time of birth, 3.2 percent reportedly had difficulty in breathing, 2.1 percent reported hypothermia, 4.2 percent were unable to suckle, 7.9 percent suffered from infected and inflamed eyes, 19.6 percent reportedly had fever, 2.6 percent had an infection of the cord stump (the area was inflamed and purulent), 1.6 percent reportedly had thick white coating at tongue, and 1.6 percent reportedly did not pass urine and stools within 24 hours of birth.

In the control area, 58.1 percent of newborns reportedly did not experience any complications. 3.7 percent reported limp/blue/pale at the time of birth, 5.6 percent reportedly had difficulty in breathing, 1.9 percent reported hypothermia, 5.0 percent were unable to suckle, 3.1 percent suffered from infected and inflamed eyes, 16.3 percent reportedly had fever, 2.5 percent had an infection of the cord stump (the area was inflamed and purulent). (Refer Table 3.25)

No significant difference is observed in reported prevalence of symptoms of neonatal complications in study area (45.5%) as compared to control area (41.9%) (p=0.496).

Table 3.25: Self reported symptoms of neonatal complication

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|---|----------|-----------------------|-------------------------|---------|
| | | % | % | |
| Limp/blue/pale at the time of birth | Yes | 03.2 | 03.7 | 0.769 |
| Difficulty in breathing | Yes | 03.2 | 05.6 | 0.261 |
| Convulsions | Yes | 02.1 | 00.6 | 0.243 |
| Colour of the skin is bluish instead of pinkish | Yes | 01.1 | 01.9 | 0.522 |
| Body is cold (hypothermic) | Yes | 02.1 | 01.9 | 0.873 |
| Birth weight is less than 2.5 kg | Yes | 19.1 | 21.9 | 0.513 |
| Baby has a congenital defect or abnormality | Yes | 00.0 | 00.0 | na |
| Depressed fontanel | Yes | 01.1 | 00.0 | na |
| Baby has fever | Yes | 19.6 | 16.3 | 0.421 |
| Eyes are encrusted with discharge | Yes | 07.9 | 03.1 | 0.054 |
| Tongue has a thick white coating | Yes | 01.6 | 00.0 | na |
| Baby is unable to suckle | Yes | 04.2 | 05.0 | 0.733 |
| Area around cord stump appears inflamed and discharge from the cord stump | Yes | 02.6 | 02.5 | 0.932 |
| Baby does not pass urine or stool within 24 hours | Yes | 01.6 | 03.1 | 0.339 |
| Any one symptom of neonatal complication | Yes | 45.5 | 41.9 | 0.496 |

Referral for treatment of neonatal complications:

A little more than half of the respondents from study as well as control area said that they themselves identified the neonatal complications that occurred within 28 days after delivery. A substantial proportion of respondents said that they were not referred for treatment of neonatal complications from any health provider. (Refer Table 3.26)

Table 3.26: Referral for treatment of neonatal complications

| Indicator | Category | Study area (n=189) | Control area (n=160) | p value |
|--|----------------------------|-----------------------|-------------------------|---------|
| | | % | % | |
| Person who identified the complications (Multiple answer) | Self | 62.5 | 50.7 | |
| | ASHA | 01.2 | 00.0 | |
| | ANM | 21.7 | 22.4 | |
| | Family members / relatives | 50.6 | 26.9 | |
| | n | 86 | 67 | |
| Person who provide referral for treatment of NN complications to the mother (Multiple answer) | Self | 38.5 | 28.4 | |
| | ASHA | 01.2 | 00.0 | |
| | ANM | 14.4 | 14.9 | |
| | Family members | 53.1 | 28.4 | |
| | Not received any referral | 14.5 | 16.4 | |
| | n | 86 | 67 | |

Treatment utilization for neo-natal complications:

In the study area, a total 86 respondents reported at least one neonatal complication. Out of these, 74.4 percent took their neonates for treatment at the onset of symptoms, whereas 25.6 percent did not seek any treatment. (Refer Table 3.27)

In the control area, a total 67 respondents reported at least one neonatal complication. Out of these, 76.1 percent took their neonates for treatment at the onset of the symptoms, whereas 23.9 percent did not seek any treatment. (Refer Table 3.27)

Table 3.27 describes the place where the neonates were treated for symptoms of neonatal complications: in the study area, merely 20.3 percent reported going to the government facility, whereas 79.7 percent reported seeking treatment at a private hospital. In the control area, 66.7 percent reported seeking treatment at private hospitals/clinics.

The respondents were asked about how long (in days) the treatment had lasted. 53.1 percent from the study area took the treatment at home for ≥ 7 days whereas 51.0 percent from the control area took the treatment for ≥ 7 days for neonatal complications. (Refer Table 3.27)

A little less than half of the neonates from both areas received in patient care. Almost equal proportions were admitted for ≤ 7 days. (Refer Table 3.27)

Table 3.27: Treatment for neonatal complications

| Indicator | Category | Study area (n=86) | Control area (n=67) | p value |
|---|---------------------------|----------------------|------------------------|---------|
| | | % | % | |
| Did you take your neonate for treatment of neonatal complications | Yes | 74.4 | 76.1 | 0.301 |
| Place of treatment for neonatal complications | Govt. PHC | 01.6 | 03.9 | |
| | Govt. CHC | 03.1 | 01.9 | |
| | Govt block level hospital | 09.4 | 07.8 | |
| | Govt. tertiary facility | 06.2 | 19.7 | |
| | Private clinics | 79.7 | 66.7 | |
| | n | 64 | 51 | |
| Number of days taken treatment at home | ≤ 6 days | 46.9 | 49.0 | |
| | 7-15 days | 25.0 | 25.5 | |
| | 16 and more days | 28.1 | 25.5 | |
| | n | 64 | 51 | |
| Number of days admitted in the hospital for treatment | No | 57.8 | 52.9 | |
| | 1-6 days | 28.1 | 23.6 | |
| | 7 and more days | 14.1 | 23.5 | |
| | n | 64 | 51 | |

**Integrated project for the Reproductive and
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Section IV: Family planning

Section IV: Family planning

Ever use of contraceptive among all married adolescent girls:

Married adolescent girls were asked if they had ever used a contraceptive: about 28.1 percent girls from study area and 15.4 percent girls from control area reported to have ever used a contraceptive. The most popular method was condom (24.6% from study area and 12.3% from control area). (Refer Table 4.1).

Table 4.1: Ever use of family planning methods – among all married adolescent girls

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|----------|-------------------------|---------------------------|---------|
| Ever use of contraceptive oral pills | Yes | 04.3 | 03.2 | 0.437 |
| Ever use of condom | Yes | 24.6 | 12.3 | 0.000 |
| Ever use of Intra Uterine Device (IUD) | Yes | 02.0 | 02.1 | 0.947 |
| Ever use of injections | Yes | 00.0 | 00.4 | na |
| Female sterilization | Yes | 02.3 | 00.0 | na |
| Male sterilization | Yes | 00.3 | 00.0 | na |
| Ever use of temporary family planning methods | Yes | 28.1 | 15.4 | 0.000 |

Current use of contraceptives among married adolescent girls:

In study area, of the 345 married adolescent girls who were interviewed, about 20.0 percent reported that they were currently using contraceptives. Among women who were currently using family planning methods, 1.4 percent were using contraceptive pills, 15.4 percent condoms, 1.2 percent an intrauterine device. (Refer Table 4.2)

In the control area, of the 285 married adolescent girls who were interviewed, only 11.2 percent reported that they were currently using contraceptives. Among women who were currently using family planning methods, 0.7 percent reported using contraceptive pills, 8.1 percent condoms, and 1.7 percent an intrauterine device. (Refer Table 4.2)

Among those who are using temporary contraceptives currently, 69.6 percent current users from the study area and 65.6 percent from the control area reported that the decision of using a contraceptive was taken by both spouses. Majority of the users procure contraceptives from a medical store. (Refer Table 4.2)

The prevalence of current use of any one contraceptive method was found to be higher in the study compared to control area. The decision regarding use of current contraceptives was taken by the couple.

Table 4.2: Current use of temporary contraceptives among married adolescent girls

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|--|---------------------|-------------------------|---------------------------|---------|
| Current use of contraceptive oral pills | Yes | 01.4 | 00.7 | 0.373 |
| Current use of condom | Yes | 15.4 | 08.1 | 0.005 |
| Current use of Intra Uterine Device (IUD) | Yes | 01.2 | 01.7 | 0.531 |
| Current use of contraceptive injections | Yes | 00.0 | 00.0 | na |
| Current use of natural methods | Yes | 02.9 | 00.7 | 0.075 |
| Current use of any one temporary contraceptive method | Yes | 20.0 | 11.2 | 0.003 |
| Who took the decision regarding use of current contraceptive for delay pregnancy (Multiple Answer) | Self | 01.4 | 03.1 | 0.425 |
| | Couple | 69.6 | 65.6 | |
| | Husband | 24.6 | 18.7 | |
| | Other family member | 04.4 | 12.5 | |
| | n | 69 | 32 | |
| From where did you procure temporary contraceptives | Medical store | 68.1 | 56.8 | |
| | Govt ANM | 02.9 | 10.8 | |
| | Govt PHC | 04.3 | 05.4 | |
| | ASHA | 13.0 | 00.0 | |
| | Other source | 13.0 | 03.1 | |

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|-----------|----------|-------------------------|---------------------------|---------|
| | n | 69 | 32 | |

Perception about use of family planning methods:

Table 4.3 provides data on the respondents' perception as to the proportion of women (out of 10) from their areas use temporary contraceptives: in study area, 18.8 percent reported none, 32.7 percent reported one to five women and 6.4 percent reported 6 to 10 women. The proportion of women that were not able to come up with an estimate was 42.0 percent.

In the control area, 16.5 percent reported none, 27.0 percent reported one to five women and only 2.8 percent reported 6 to 10 women use contraceptives; 53.7 percent women were not able to come up with an estimate. (Refer Table 4.3)

A small proportion of respondents perceived that a majority of women in their community would be using contraceptives. Thus, the perception of the social norm regarding this behaviour is still quite weak.

Table 4.3: Perception about use of family planning methods

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|------------|-------------------------|---------------------------|---------|
| Out of 10 neighboring households, how many women are using temporary FP methods | Nil | 18.8 | 16.5 | 0.013 |
| | 1-5 women | 32.7 | 27.0 | |
| | 6-10 women | 06.4 | 02.8 | |
| | Can't say | 42.0 | 53.7 | |
| | | | | |

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Section V: Reproductive Health

Section V: Reproductive health

This section includes information on self reported symptoms of urinary tract infection, reproductive tract infections, sexually transmitted infections and treatment seeking behaviour for the symptoms of these reproductive health problems.

Prevalence of self reported symptoms of urinary tract infections:

Married adolescent girls were asked questions related to symptoms of urinary tract infection, 2.9 percent girls from the study area and 2.5 percent from the control reported having experienced burning sensation or pain during urination. 0.8 percent girls from the study area and 1.0 from the control area reported frequent urination. (Refer Table 5.1)

Of the total girls interviewed, 3.5 percent from the study area and 3.1 percent from the control area reported having had at least one symptom of UTI. Out of the girls who reported any one symptom of urinary tract infection, 16.7 percent from study area and no one from control area sought treatment for the symptoms of UTI. (Refer Table 5.1)

Majority of the girls did not go for any treatment for UTIs.

Table 5.1: Self reported symptoms of urinary tract infections – prevalence

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|-------------------------------------|---|-------------------------|---------------------------|---------|
| Reported symptoms of UTI | Burning sensation/pain during urination | 02.9 | 02.5 | 0.733 |
| | Frequent urination | 00.8 | 01.0 | 0.814 |
| Any one symptom of UTI | Yes | 03.5 | 03.1 | 0.824 |
| Treatment taken for symptoms of UTI | Yes | 16.7 | 00.0 | na |
| | n | 12 | 09 | |

Self reported prevalence of any one symptom of Reproductive Tract Infection:

In order to get information on Reproductive Tract Infections, respondents were asked if they were suffering from white discharge, itching around genitalia, pain in lower abdomen, pain during intercourse, excessive pain/bleeding during menstruation, pain in the lower back. Reported prevalence of reproductive tract infection is higher in the control area (14.0%) as compared to the study area (11.0%) (p=0.252).

In the study area, about 3.2 percent married adolescent girls reported white discharge, 2.6 percent itching in genitalia, 3.5 percent pain in lower abdomen, 1.7 percent pain during intercourse, and 4.6 percent reported lower back pain. Of the married adolescent who reported any one symptom of reproductive tract infection, 47.4 percent did not go for treatment, 52.6 percent said that they got treated. (Refer Table 5.2)

In the control area, 5.6 percent married adolescent girls reported white discharge, 2.1 percent itching in genitalia, 4.2 percent pain in lower abdomen, 3.5 percent pain during intercourse, and 4.9 percent reported lower back pain. Of the girls who reported any one symptom of reproductive tract infection, the majority (67.5%) did not go for treatment, 32.5 percent said that they got treated. (Refer Table 5.2)

The proportion of married adolescent girls who took treatment for the symptoms of RTI is lower in the control area.

Table 5.2: Self reported symptoms of reproductive tract infections (RTIs)

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|-------------------------------------|--------------------------------|-------------------------|---------------------------|---------|
| Reported symptoms of RTI | White discharge per vagina | 03.2 | 05.6 | 0.135 |
| | Itching in private parts | 02.6 | 02.1 | 0.680 |
| | Pain in lower abdomen | 03.5 | 04.2 | 0.633 |
| | Pain during sexual intercourse | 01.7 | 03.5 | 0.160 |
| | Low back ache | 04.6 | 04.9 | 0.872 |
| Any one symptom of RTI | Yes | 11.0 | 14.0 | 0.252 |
| Treatment taken for symptoms of RTI | Yes | 52.6 | 32.5 | 0.072 |
| | n | 38 | 40 | |
| Place of treatment for RTIs | Government PHC | 05.0 | 15.3 | |
| | Private hospital | 95.0 | 84.7 | |
| | n | 20 | 13 | |

Self reported prevalence of symptoms of sexually transmitted infections:

Respondents were asked whether they were suffering from foul smelling discharge, purulent discharge, or pain / swelling in the inguinal area.

In study area, of the 345 married adolescent girls who were asked about symptoms of STI, no one reportedly had one or more symptoms of STIs. (Refer Table 5.3)

In control area, of the 285 married adolescent girls who were asked about symptoms of STI, 0.7 percent said they had one or more symptom of STIs. (Refer Table 5.3)

Table 5.3: Self reported symptoms of sexually transmitted infections (STIs)

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|--------------------------|--|-------------------------|---------------------------|---------|
| Reported symptoms of STI | Foul smelling discharge per vagina | 00.0 | 00.0 | |
| | Purulent discharge per vagina | 00.0 | 00.0 | |
| | Painful or painless ulcer in private parts | 00.0 | 00.7 | |
| | Enlarged inguinal lymph nodes | 00.0 | 00.3 | |
| Any one symptom of STI | Yes | 00.0 | 00.7 | |

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Section VI: Domestic Violence

Section VI: Reported domestic violence

Reported physical violence by married adolescent girls

In order to assess the prevalence of domestic violence, all currently married adolescent girls were asked whether they had been beaten or physically mistreated by their husband in the past twelve months.

When the question whether respondent was hit by her husband in past twelve months was asked about 14.5 percent married adolescent girls from study area and 10.5 percent from control area reported in the affirmative. No significant difference is observed in the reported physical violence between study and control samples ($p=0.133$). (Refer Table 6.1)

When the question was asked to married adolescent girls - how many times were you beaten by your husband in past one year? In the study area, 84.0 percent reported that they were beaten one to three times, 14.0 percent girls reported that they were beaten four to six times, 2.0 percent reported experiencing physical violence seven to eleven times in past one year. (Refer Table 6.1)

In the control area, 93.3 percent reported that they were beaten one to three times, 3.3 percent girls reported that they were beaten four to six times and 3.3 percent reported experiencing physical violence seven or more times in past one year. (Refer Table 6.1)

When the respondents were asked if they were hit by the husband in the past one month, 6.7 percent girls from the study area and 5.3 percent from the control area reported in the affirmative. No significant difference was observed in the reported physical violence in the last month prior to survey between study and control samples. (Refer Table 6.1)

About 1.1 percent married adolescent girls from the study area and 1.7 percent from control area reported that they were beaten by their husband in the last one week prior to the survey. (Refer Table 6.1)

About 2 out of 10 currently married adolescent girls experienced physical violence by their husband in the past twelve months.

Table 6.1: Reported physical violence by married adolescent girls

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|--|----------|-------------------------|---------------------------|---------|
| Physical violence by husband in the last 12 months | Yes | 14.5 | 10.5 | 0.133 |

| | | | | |
|---|-----------------------|------|------|-------|
| | | | | |
| Frequency of physical violence by husband in the last 12 months | One to three times | 84.0 | 93.3 | |
| | Four to six times | 14.0 | 03.3 | |
| | Seven to eleven times | 02.0 | 03.3 | 0.293 |
| | Twelve and more | 00.0 | 00.0 | |
| | n | 50 | 30 | |
| | | | | |
| Physical violence by husband in the last one month | Yes | 06.7 | 05.3 | |
| | | | | |
| Frequency of physical violence by husband in the last one month | Once | 78.3 | 73.3 | |
| | Twice | 13.0 | 20.0 | |
| | Three and more times | 08.7 | 06.7 | |
| | n | 23 | 15 | |
| | | | | |
| Physical violence by husband in the last one week | Yes | 01.1 | 01.7 | |
| | | | | |

**Integrated project for the Reproductive and
Sexual Health and Development of
Unmarried Adolescent Girls, Adolescent
Married Girls and their Spouses**

**Section VII: Knowledge of Reproductive
Health**

Section VII: Knowledge of reproductive health

Knowledge of reproductive health issues is a known determinant of reproductive health behaviours, particularly health seeking behaviours. In this section the respondents were asked questions about their knowledge about various reproductive health issues.

Knowledge of anemia, components of antenatal care:

A question was asked to all of the respondents to assess their knowledge about main causes of anemia; responses were categorized as correct or incorrect: about 35.1 percent respondents from the study area and significantly low (9.8 percent) from control area had correct knowledge about causes of anemia. (Refer Table 7.1)

A substantially high proportion of the respondents from both the area (93.3% from study area and 88.8% from control area) said that women should go for first check-up if she missed periods within the first twelve weeks of pregnancy. (Refer Table 7.1)

A significantly higher proportion of respondents from the study area (69.5%) had correct knowledge regarding minimum number of antenatal checkups i.e. pregnant women should undergo at least 5 checkups during her course of pregnancy as compared to control area (56.4%). When they were asked why a pregnant mother should undergo at least 5 checkups: 80 percent girls from the study area and 74 percent from control area stated for early identification of danger signs and symptoms, and about a little less than half of them said for utilization of minimum antenatal services. (Refer Table 7.1)

In study area, 59.1 percent respondents correctly answered that a pregnant woman needs to consume at least 90 IFA tablets during the course of her pregnancy whereas 33.6 percent incorrectly answered that a woman need take up to 90 tablets. (Refer Table 7.1)

In control area, 52.3 percent respondents correctly answered that a pregnant woman needs to consume at least 90 IFA tablets during the course of her pregnancy whereas 31.2 percent incorrectly answered that a woman need take up to 90 tablets. (Refer Table 7.1)

There was a significant difference in the knowledge of married adolescent girl about causes of anemia, antenatal registration and consumption of IFA tables during pregnancy between study and control area sample.

Most of the respondents in both areas were aware of the fact that registration for antenatal services needs to be done within 12 weeks of pregnancy.

Table 7.1: Knowledge of anemia and components of antenatal care

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|-----------|----------|-------------------------|---------------------------|---------|
| | | | | |

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|--|-------------------------|---------------------------|---------|
| What is the main cause of anemia | Correct answer | 35.1 | 09.8 | 0.000 |
| | | | | |
| When should a woman go for first check-up if she missed periods? | <= 12 weeks | 93.3 | 88.8 | 0.020 |
| | After 12 weeks | 02.6 | 07.4 | |
| | Don't know | 04.1 | 03.9 | |
| | | | | |
| Knowledge about number of antenatal examinations to be carried out | Correct answer | 69.5 | 56.4 | 0.003 |
| | | | | |
| How many IFA tablets should a pregnant woman consume during the course of her pregnancy? | Correct answer (90 and more) | 59.1 | 52.3 | 0.001 |
| | Other answer | 33.6 | 31.2 | |
| | Don't know | 07.3 | 16.5 | |
| | | | | |
| Why pregnant women undergo at least 5 antenatal examinations during her pregnancy? (Multiple answer) | Early identification danger signs and symptoms | 80.8 | 74.4 | |
| | For utilization of complete antenatal care | 42.0 | 49.8 | |
| | Don't know | 03.8 | 05.3 | |
| | | | | |

Awareness about antenatal complications:

Table 7.2 delineates the respondents' knowledge and perceptions regarding the danger signs that might be seen during pregnancy: In study area, 60.3 percent cited weakness and dizziness, 68.9 percent continuous nausea and vomiting, 19.4 percent bleeding, 37.7 percent swelling in face and legs, 8.9 percent convulsions/loss of consciousness, 24.6 percent severe headache, 12.7 percent high BP, 54.2 percent pain in the lower abdomen, 5.5 percent reduced fetal movements. 5.8 percent of the respondents reported that they didn't know. (Refer Table 7.2)

In control area, 58.2 percent cited weakness and dizziness, 69.8 percent continuous nausea and vomiting, 5.2 percent bleeding, 18.6 percent swelling in face and legs, 1.4 percent convulsions/loss of consciousness, 9.5 percent severe headache, 3.2 percent high BP, 39.3 percent pain in the lower abdomen, 1.7 percent reduced fetal movements. 15.1 percent of the respondents reported that they didn't know. (Refer Table 7.2)

Table 7.2: Awareness of the antenatal complications

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|------------------------------------|-------------------------|---------------------------|---------|
| Respondents aware of symptoms indicative of antenatal complications | Weakness and dizziness | 60.3 | 58.2 | |
| | Continuous nausea and vomiting | 68.9 | 69.8 | |
| | Swelling in face, feet | 37.7 | 18.6 | |
| | High blood pressure | 12.7 | 03.2 | |
| | Severe head ache | 24.6 | 09.5 | |
| | Oblique or transverse lie, breech | 01.7 | 00.0 | |
| | Bleeding | 19.4 | 05.2 | |
| | Reduced fetal movements | 05.5 | 01.7 | |
| | Burning sensation during urination | 14.5 | 05.9 | |
| | Severe pain in the lower abdomen | 54.2 | 39.3 | |
| | Convulsions | 08.9 | 01.4 | |
| | Don't know | 05.8 | 15.1 | |

Awareness of the postnatal complications:

Table 7.3 outlines some of the signs and symptoms of postnatal complications as cited by the respondents: in the study area, **57.1** percent cited heavy bleeding, 39.1 percent said tenderness and pain in the lower abdomen, 37.7 percent fever, 0.9 percent foul-smelling discharge, 47.2 percent weakness and dizziness, 15.4 percent engorged breasts, 5.5 percent cracked nipples, 14.2 percent swelling over face, 12.2 percent swelling over feet, 12.5 percent burning sensation during urination, 13.0 severe pain in legs and 15.6 percent were not able to cite any complications.

In control area, 45.6 percent cited heavy bleeding, 27.7 percent said tenderness and pain in the lower abdomen, 8.3 percent fever, 0.7 percent foul-smelling discharge, 36.1 percent weakness and dizziness, 0.7 percent cracked nipples, 3.9 percent swelling over face, 5.9 percent swelling over feet, 3.8 percent burning sensation during urination, 8.8 severe pain in legs and 33.3 percent were not able to cite any complications. (Refer Table 7.3)

A higher proportion of married adolescent girls from control area are not aware of symptoms indicative of postnatal complications as compared to study area. A substantial proportion of the respondents were aware of the following post natal complications – heavy vaginal bleeding, weakness and dizziness, tenderness and pain in lower abdomen.

Table 7.3: Awareness of the postnatal complications

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|--------------------------------------|-------------------------|---------------------------|---------|
| Respondents aware of symptoms indicative of postnatal complications (Multiple answers) | Heavy vaginal bleeding | 57.1 | 45.6 | |
| | Weakness and dizziness | 47.2 | 36.1 | |
| | Swelling over face | 14.2 | 03.9 | |
| | Swelling over feet | 12.2 | 05.9 | |
| | Engorged breast | 15.4 | 03.5 | |
| | Fever | 37.7 | 18.3 | |
| | Foul smelling discharge | 00.9 | 00.7 | |
| | Tenderness and pain in lower abdomen | 39.1 | 27.7 | |
| | Cracked nipples | 05.5 | 00.7 | |
| | Burning sensation during urination | 12.5 | 03.8 | |
| | Sever pain in legs | 13.0 | 08.8 | |
| | Don't know | 15.6 | 33.3 | |

Awareness of neonatal complications:

Table 7.4 outlines some of the danger signs that indicate a complication in the neonate (i.e., within the first 28 days of life), as cited by the respondents: 74.7 percent of the respondents from the study area and 53.0 percent from control area cited the instance of the baby having a fever, 5.2 percent from study area and 0.7 percent from control area cited the baby being hypothermic, 4.1 percent from study area and 1.4 percent from control area spoke of the area around the cord stump being inflamed and discharge from the cord stump, 20.0 from study area and 8.4 percent from control area spoke of the baby being unable to suckle, and 11.1 percent from study area and 5.3 percent from control area cited the instance of the baby being unresponsive and not crying. (Refer Table 7.4)

Other danger signs indicative of neonatal complications were: birth weight less than 2.5 Kg (28.1% from study area and 11.6% from control area), eyes encrusted with discharge (10.4% from study area and 2.8% from control area), baby does not pass urine or stool within 24 hours (6.1% from study area and 3.2% from control area). (Refer Table 7.4)

12.7 percent married adolescent girls from the study area and a higher 30.2 percent from control area were not able to provide an answer. (Refer Table 7.4)

Table 7.4: Awareness of the neonatal complications

| Indicator | Category | Study area % | Control area % | p value |
|-----------|----------|--------------|----------------|---------|
|-----------|----------|--------------|----------------|---------|

| | | (n=345) | (n=285) | |
|---|---|---------|---------|--|
| Respondents aware of symptoms indicative of neonatal complications (Multiple answer) | Baby is unresponsive and does not cry at the time of birth | 11.1 | 05.3 | |
| | Difficulty / irregularity in breathing at the time of birth | 20.6 | 08.4 | |
| | Convulsion | 20.0 | 03.2 | |
| | Colour of the skin is bluish instead of pinkish | 02.3 | 02.1 | |
| | Body is cold (hypothermic) | 05.2 | 00.7 | |
| | Low birth weight baby | 28.1 | 11.6 | |
| | Congenital defect or abnormality | 00.9 | 00.7 | |
| | Fever | 74.7 | 53.0 | |
| | Eyes are encrusted with discharge | 10.4 | 02.8 | |
| | Tongue has a thick white coating | 02.3 | 00.4 | |
| | Baby is unable to suckle | 20.0 | 08.4 | |
| | Area around cord stump appears inflamed and discharge from the cord stump | 04.1 | 01.4 | |
| | Baby does not pass urine or stool within 24 hours | 06.1 | 03.2 | |
| | Don't know | 12.7 | 30.2 | |

Awareness of Family planning methods:

About 66.7 percent respondents from study area and 33.7 percent from control area correctly listed names of at least contraceptives. (Refer Table 7.5)

A little more than half of the respondents from both areas felt that a woman should have her first child after her 20th birthday. (Refer Table 7.5)

A substantial proportion of respondents (84.4% from study area and 76.5% from control area) felt that a woman should maintain a gap of at least 3 years between two children. (Refer Table 7.5)

Knowledge of family planning methods is significantly higher among respondents from the study area as compared control area. No significant difference was observed regarding perception about age at first birth among married adolescent girls from study and control areas.

Table 7.5: Awareness of family planning methods

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|----------------------------|-------------------------|---------------------------|---------|
| Aware of minimum two FP methods | Knows one method | 17.4 | 29.8 | 0.000 |
| | Knows at least two methods | 66.7 | 33.7 | |
| | Don't know | 15.9 | 36.5 | |
| At which age should a woman have her first child in your opinion? | > = 20 years | 56.2 | 56.1 | 0.971 |
| | < = 19 years | 42.9 | 43.2 | |
| | Don't know | 00.9 | 00.7 | |
| What should be the minimum gap between two children? | 1-2 years | 15.6 | 23.2 | 0.030 |
| | > =3 years | 84.4 | 76.5 | |
| | Don't know | 00.0 | 00.4 | |

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**Section VIII: Utilization of health services
and BCC exposure**

Section VIII: Health services and BCC exposure

In this section questions on the respondents' perception on awareness, and utilization of services provided by ASHA, Village Health and Nutrition Days and exposure to Behaviour Change Communication activities were asked.

Home visits by the ASHA:

Questions were asked to obtain information on home visits by the ASHA in the last three months and during the last pregnancy.

A majority of respondents, 93.6 percent from the study area and 87.0 percent from control area reported presence of the ASHA in their villages. The proportion of respondents reported being visited by the ASHA at least once in the last three months was 71.9 percent in the study area compared to 47.7 percent in the control area. About 33.3 percent respondents from the study area and significantly lower i.e. 13.3 percent from the control area reported being visited three times in the last three months. (Refer Table 8.1)

Among those who reported the visit of the ASHA in the past three months, a majority i.e. 96.0 percent from study area and 94.9 percent from control area said that the ASHA had asked for information to assess their health and service needs. During these visits the ASHA generally collects information on menstruation (37.5% from study area and 13.2% from control area), antenatal care (27.8% from study area and 21.3% from control area), family planning (31.0% from study area and 4.4% from control area), reproductive tract infections (24.6% from study area and 0.7% from control area), and child immunization (45.9% from study area and 68.4% from control area). A significantly higher proportion of respondents from study area said that the ASHA from their area had assessed service needs and morbidity surveillance in the past three months as compared to respondents from the control area. (Refer Table 8.1)

About 30.2 percent respondents from the study area and 7.4 percent from the control area stated that they had received BCC and counseling on use of family planning methods during the visit of the ASHA. A significantly higher proportion of respondents from the study area stated that they received need based BCC and counseling during home visits by the ASHA in the last three months on topics such as family planning, antenatal care, reproductive tract infections, and child immunization as compared to the respondents from control area. (Refer Table 8.1)

In the study area, about 75.2 percent of respondents reported that the ASHA had visited them at home during their last pregnancy and about 47.1 percent reported having received four or more home visits by the ASHA during their last pregnancy. A high proportion (80 percent) reported no visits by the ASHA during the post-natal period. (Refer Table 8.1)

In the control area, 73.1 percent respondents reported that the ASHA had visited them at home during their last pregnancy and 21.9 percent reported having received four or more

home visits by the ASHA during their last pregnancy. Around 89.4 percent reported no visits by the ASHA during the post-natal period. (Refer Table 8.1)

Table 8.1: Home visits by the ASHAs

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|--|--------------------------------------|-------------------------|---------------------------|---------|
| ASHA appointed for the village | Yes | 93.6 | 87.0 | 0.005 |
| Home visits paid by ASHA to the respondent during last 3 months | No visits | 28.1 | 52.3 | 0.000 |
| | 1-2 visits | 38.5 | 34.4 | |
| | 3 visits | 33.3 | 13.3 | |
| Information asked by the ASHA during last home visit to the MAG for needs assessment (Multiple answer) | Questions on menstruation | 37.5 | 13.2 | |
| | Use of FP methods | 31.0 | 04.4 | |
| | Antenatal checkups/ services | 27.8 | 21.3 | |
| | Post-natal care | 04.8 | 00.0 | |
| | Symptoms of antenatal complications | 10.5 | 03.7 | |
| | Symptoms of post-natal complications | 04.0 | 00.7 | |
| | Symptoms of neo-natal complications | 02.8 | 00.0 | |
| | Symptoms of RTI/STIs | 24.6 | 00.7 | |
| | Cure of the symptom | 02.8 | 01.5 | |
| | Child immunization | 45.9 | 68.4 | |
| | Did not asked any information | 04.0 | 05.1 | |
| | n | 248 | 136 | |
| What all information/BCC was given to the respondent by the CHW during last home visit (Multiple answer) | Use of family planning methods | 30.2 | 07.4 | |
| | Antenatal care | 29.4 | 18.4 | |
| | Post-natal care | 04.8 | 00.7 | |
| | Antenatal complications | 10.1 | 04.4 | |
| | Post-natal complications | 04.0 | 00.1 | |
| | Neonatal complications | 03.2 | 00.0 | |
| | RTI/STIs | 20.9 | 00.7 | |
| | Diet and nutrition | 20.9 | 10.3 | |
| | Child immunization | 55.2 | 77.2 | |
| Spacing between two | 12.5 | 06.6 | | |

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|-------------------------------|-------------------------|---------------------------|---------|
| | children | | | |
| | Age at the first conception | 07.3 | 00.0 | |
| | Did not given any information | 07.7 | 05.1 | |
| | n | 248 | 136 | |
| Home visits paid by ASHA to the respondent during last pregnancy – among ever conceived MAGs | No | 24.8 | 26.9 | 0.000 |
| | 1-3 visits | 28.0 | 51.2 | |
| | Four and more visits | 47.1 | 21.9 | |
| | n | 189 | 160 | |
| Home visits paid by ASHA to the respondent within 45 days after last delivery – among delivered mothers | No | 80.4 | 89.4 | 0.021 |
| | At least one visit | 19.6 | 10.6 | |
| | n | 189 | 160 | |

Attendance at Village Health Nutrition Days (VHNDs)

All the married adolescent girls were asked if they had attended any VHNDs during their last pregnancy. A vast majority of the respondents (more than 90%) from both the areas were aware that VHNDs were held in their villages. Majority of the respondents from both the areas were not aware of the VHND sessions organized in their village. (Refer Table 8.2)

About 43.9 percent respondents from the study area and 38.6 percent from the control area had attended VHNDs ≥ 3 times during their last pregnancy. (Refer Table 8.2)

Table 8.2: Attendance at VHND

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|----------|-------------------------|---------------------------|---------|
| Is VHND organized in your village? | Yes | 96.8 | 95.4 | 0.370 |
| Number of VHNDs organized in the village during your last | 1-3 | 07.4 | 12.2 | 0.073 |
| | 4-6 | 00.4 | 01.7 | |

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|----------------|-------------------------|---------------------------|---------|
| pregnancy | 7-9 | 00.4 | 01.3 | |
| | Don't know | 91.8 | 84.8 | |
| | n | 258 | 237 | |
| Number of VHND attended by the respondent during last pregnancy | No | 02.7 | 04.3 | 0.004 |
| | One | 17.1 | 08.1 | |
| | Two | 36.2 | 49.0 | |
| | Three and more | 43.9 | 38.6 | |
| | n | 257 | 210 | |

Exposure to group BCC and print media:

About 47.3 percent respondents from the study area and only 5.3 percent from control area knew about BCC meetings which were held for women in their village in the last six months period prior to the survey. All the married adolescent girls were asked if they had attended any group meetings at the village level in the last six months. 36.2 percent respondents from study area and only 5.3 percent from the control area said that they had attended a group meeting in their village in the last six months. (Refer Table 8.3)

About 19 percent respondents reported that they had received a pamphlet or some printed material on a health issue in the last six months prior to the survey. (Refer Table 8.3)

Table 8.3: Exposure to group BCC and print media

| Indicator | Category | Study area % (n=345) | Control area % (n=285) | p value |
|---|----------|-------------------------|---------------------------|---------|
| BCC meetings for women held in the last six months | Yes | 47.3 | 05.3 | 0.000 |
| | No | 52.7 | 94.7 | |
| Respondents attended BCC meeting in the last 6 months | Yes | 36.2 | 02.1 | 0.000 |
| Any pamphlet on health received in the past 6 months | Yes | 19.4 | 19.6 | 0.107 |